

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 129
Local Registrar's No. _____

1. PLACE OF BIRTH

County Gila State _____
District or Township _____ or Village _____
City Winkelman St. _____ Ward _____

2. Full name of child Robert E Lee Van Horn
(If birth occurred in hospital or institution, give its NAME instead of street and number. If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Premature? Yes 7. Date of birth May 3 1929
Month Day Year

8. FATHER Full name Lawrence H Van Horn 14. MOTHER Full maiden name Flourner Watts
9. Residence (Usual place of abode) Winkelman 15. Residence (Usual place of abode) Winkelman
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 69 (Years) 16. Color or race White 17. Age at last birthday 42 (Years)

12. Birthplace (city or place) Comarillo Texas 18. Birthplace (city or place) Port Hook N.S. Canada
(State or country) (State or country)

13. Occupation Miner 19. Occupation House wife
Nature of industry Nature of industry

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn _____ 21. Were precautions taken against opthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 6:20 A.M. on the date above stated.

Signature Charles H. Hurdston M.D. (Physician or midwife)
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report. Address Hayden ariz

Month, day, year _____ Filed June 8 1929 P. J. Hutton
Registrar Registrar

954-503-662

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.